| | | | | STATEO | FMARYLAND | - | |
|---|---------------|--|---|---------------------------|---|--|--|
| 1 | | FOR STATE | DEPAR | RTMENT OF HEA | LTH AND MENTAL | HYGIENE 7 9 - 07/ | 40 |
| 4 | | REGISTRAR | MEDICA | L EXAMINER' | S CERTIFICATE | OF DEATH REG. NO. | |
| | | CEASED NAME FIRST | MIDDLE | | LAST | 20. DATE KNOWN | MONTH DAY YEAR 26. HOUR |
| W 18 H | {TYP | E OR PRINT) HARA | en Carrie | ran K | ic MAD | OF ESTI- | 1 12 1079 97 |
| 49 P W | 3. SE) | | S. DATE OF BIRTH | 6 AGE (IN YEARS II | UNDER 1 YR. IF UNDE | R 24 HRS. 2c. DATE | MONTH DAY YEAR 2d. HOUR |
| / F. 2.3 E. | | m | MONTH DAY YEAR | R LAST BIRTHDAY) M | ONTHS: DAYS HOURS | MIN PRONOUNCED DEAD | 1 12 79 12 12 |
| 20020 | 1 2 | RIHPLACE (STATE OR | 10 3/ 191 7b. CITIZEN OF WHAT CO | | | 9. BALTIMORE CITY OF | COUNTY OF DEATH |
| NERA FOR WITHIN | | RTHPLACE (STATE OR REIGN COUNTRY) | M. CHIZEN OF WHAT CO | UNIRY? | ARRIED A NEVER MAR | RIED . SALTIMORE CITY OF | COUNTY OF DEATH |
| 95-> | | MARYLAND | U.S.A. | | OWED DIVOR | 000100 | |
| N H H D | 10. CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, I | | OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE (FOR MOST OF WORKING LIFE) | OF WORK 12b. KIND OF BUSINESS OR INDUSTRY |
| 300 | B | ERLIN | | MOWN RES | DENCE | FARMER | |
| ANY DEL | | L RESIDENCE (IF IN NURSING HOME | OR OTHER INSTITUTION, GIVE RESIDEN | NCE BEFORE ADMISSION) | | | |
| SHOUL RECO | 13a. S | 1 | 1 11 | ERLID | YES NO | 6 | |
| N = 0:00.00 - | 14 5/ | THER'S NAME | (6)76K DE | GRC111 | | CANONI VICTO | / |
| | 114.17 | FIRST | MIDDLE | LAST | 15. MOTHER'S MAIL FIRST | the same of the sa | LAST |
| | | (yedege l | EE BI | SHOP | 17. INFORMANT | ELIZABET | H EXLIS |
| | 160. V | VAS DECEASED EVER IN U.S. AR | WAR OR DATES) | OCIAL SECURITY NO. | M O | ADDRESS | |
| URS AFTER B. GIVE PA WITH FO DIVISION | | YES W | WII. 2 | 18-16-5094 | VIIRS SALERYRU | WEL BISHOP GBER | TYTOWN |
| . 200 | | 18. CAUSE OF DEATH (Enter or | nly one couse per line for (a), | (6) and 10).) | 111111- | 4 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| HIN 24 HO IN ITEM 1 A ALONG SIT PERM! HYGIENE. | 1 | PART I DEATH WAS CAUSE | TE CAUSE (a) | 1- 11 UBNIII | WIN YANOIN | 1181 | |
| TON ST. N 24 HG I ITEM 1 ALONG PERMIT | | 410- | | ONSEQUENCE OF | 0 11 | 1 6 0 | |
| W. PREST D WITHIN ENCIL IN AMINER -TRANSIT ENTAL HY REMOVAL | | Conditions, if any, which | | 1131NJ30 NV10 | 141111111111111111111111111111111111111 | the Ahronel | |
| WINCH WILL | | gave rise to immediate couse (a) stating the under | | ONSEQUENCE OF | my morres con | or privile | |
| UTED WITH UTED WITH N PENCIL I EXAMINER RIAL-TRANS N MENTAL P OR REMOV | | lying couse lost. | DOL TO, OK AS A C | ONSEQUENCE OF | | | 108 |
| | | | (c) | | | | |
| ULD BE EXECUTED STATES THE STATES A BUTCAL SED AS A BUTCAL HEALTH AND CREMATION, | - | PART 2 OTHER SIGNIFICANT CONDITION | CONTRIBUTING TO DEATH BUT NOT F | RELATED TO THE TERMINAL D | SEASE OR CONDITION GIVEN IN I | PART 1 to). | |
| RECORI JID BE E PENDIN EP AEDI ED AS A HEALTH | CERTIFICATION | | | | | | |
| ALRE HIEF USED OF HE | N. S | 196. DATE OF OPERATION | 196. CONDITION FO | OR WHICH OPERATIO | N WAS PERFORMED? | | 20 AUTOPSY? |
| ITAL RI SHOULD ORD "PI CHIEF OF HE OF HE | E | | | | | | YES NO |
| VISION OF VITA VISION OF VITA FING THE WORD FING THE WORD FING THE CH AS ANOLID BE OF SEARTMENT BE OF SEARTMEN | H | 210 EXTERNAL CAUSE WAS | 21b. TIME OF INJUR | | . HOW INJURY OCCURE | RED LENTER NATURE OF INJURY IN ITEM 18 PA | ART 1 OR PART 2) |
| FICATI THE W TO THI OULD RTMEN | | UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH P.M. | 19 | | | |
| CERTIFIC TING THE TEND TO TEND TO TO TO THE TO T | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJU | | LOCATION | | |
| DIV STITE SDE PR | × | WHILE NOT WHILE | STREET, FACTORY, FAR | M, ETC.) | STREET | CITY OR TOWN | COUNTY STATE |
| DI: THIS GE. WRITE RWARD RAGE: PAGE | | AT WORK AT WORK | | | | | |
| 2 - 0 - 2 - 2 | | 22s. I certify that I taak char | ge of the remains described o | obove, held an A | utopsy , Inspect | ion X, Inquiry X, ond | I in my opinion |
| AND THE PARTY OF T | | death resulted from: Not | Acride | nt Suicide | . Homicide | Undetermined manner . | |
| L EXAMINER. E CERTIFICATION OULD BE FOIL DIRECTOR. H. WITH THE MARYLAND. 2 | | 0 (4 | | (n/11) | TITLE (SPECIFY) | 1 | 1.1. |
| MA WA | | ACTUAL SIGNATURE | must thu | . HHA/ | MD Neory | MEDICAL EXAMINER | DATE 1/15/79 |
| SEAT SEAT | 7 | SIGNATURE VI | 1/ | | | The break examiner | 5101111 |
| MEDICAL E ECUTE THE C GE 4 SHOUN FUNERAL P FUNERAL P TER DEATH. | 4 | EXAMINER'S NAME TH | OMAG K. JON, | Eg | ADDRESS | | |
| OXAOHA | 23a P | URIAL CREMATION, REMOVAL | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | NAME OF CEMETE | | 173d LOCATION | |
| E W d F < m | 238.0 | SPECIEY) | | | | 23d. LOCATION | COUNTY STATE |
| BP | 24.5 | BURING UNERAL DIRECTOR | 1.15.79 | RIVER | 3/DC 250 DAT | EREC'D. BY REGISTRAR ZIB. REGIS | TAAR SIGNAME |
| DHMH - 17 (VR A15 ME (5)) | 29.1 | NAME | ADDRESS | 00 | 230. DAT | JAN 22 1979 | working / Kelresdy |
| 15M 7/76 | 10 | T.R. BURBAGE JR. | DERLIN, 1 | 11/N. 7/8/1 | | יייי ממ וווייס | |

STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STAJE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST 20. DATE KNOWN YEAR MONTH DAY 26 HOUR (TYPE OR PRINT) OF ESTI-DIRECTOR. DEATH MATED Virginia Gebhart DATE OF BIRTH 6. AGE (IN YEARS 2d HOUR IF UNDER IF UNDER 24 HRS DATE MONTH PRONOUNCED YOUR 12:45P DEAD Female White 23 19 79 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED WIDOWED DIVORCED Worcester County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1126. KIND OF BUSINESS 203 Snow Street Snow Hill 13d INSIDE CITY LIMITS? 38 STREET ADDRESS YES [NO M 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE SAND & FORM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO 7 INFORMANT **ADDRESS** DIVISION PAGES I (IF YES, GIVE WAR OR DATES APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALONG Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if any, which OR REMOV gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OF HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDIC CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES K NO [3 SHOULD BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 0 MEDICAL P.M PRIOR, 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE WHILE CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FURNITO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BAUTIMORE, MARYLAND, 21: 22a. I certify that Ltook charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted from tural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Deputy ChiefDICAL EXAMINER 1/24/79 SIGNATURE SIGNED EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto., MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S STON TURB 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 30M 7/73

the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH 79-02742 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE KNOWN Year (Type or Print) ESTI-DEATH MATED o 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Deportment last birthday) 82 YRS MARRIED NEVER MARRIED 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign CITIZEN OF WHAT COUNTRY? country) Examiner's Office olong with farm WIDOWED [DIVORCED State Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OF TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done give street address) ? during most of warking life, even if retired.) the BALTIMORE, Md. 24 hours after d 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 7 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE 13b. COUNTY Item 18. pages Tand 2 diter 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** 301 W. PRESTON STREET, (Yes, no, ar unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), BETWEEN ONSET AND DEATH This certificate should be executed event within e, writing the ward "pending" is forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-transit rise to immediate couse (o), any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = DIVISION OF VITAL RECORDS, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED movol, CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 3 should be used WAS PERFORMED? YES 🗍 NO K execute the certificate, of Tel should be 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. PRIMARY OR CONTRIBUTING cremotion CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy , for Inspection X Inquiry X ond in my apinion prior to burial, death resulted from: Notural couses . funeral director. Suicide Undetermined monner Accident Homicide : please CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) 23d. ADCATION (City or Town) (County) (State) 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5)

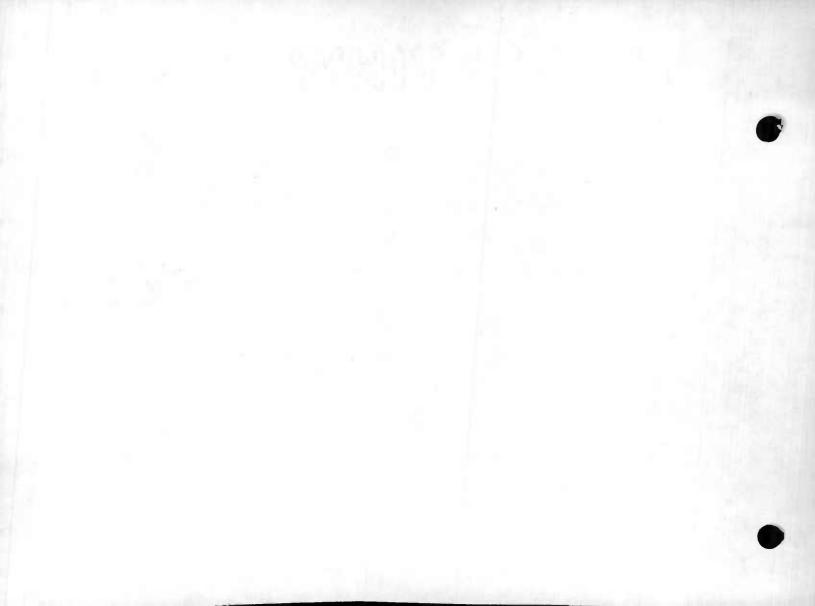
STATE OF MARYLAND

NAME: Canwell N. Jarman

DATE OF DEATH: January 21, 1979

PLACE OF DEATH: Worcester County SEE: 79-02695

January 1979 Wicomico Co.

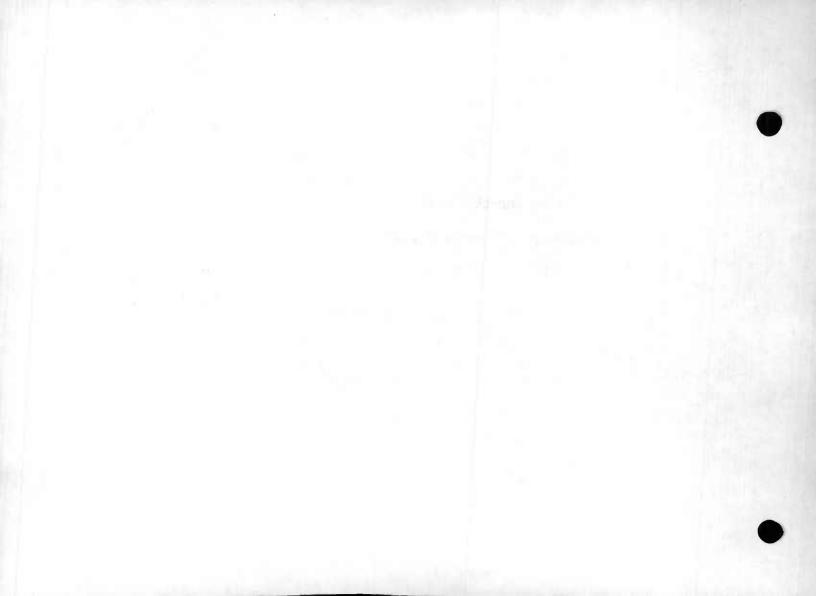


NAME: Alice Loretta Leith

DATE OF DEATH: January 28,1979

PLACE OF DEATH: Worcester County SEE: 79-02703

January 1979 Wicomico Co.



IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be ratified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02744

| | 1- | FOR STATE REGISTRAR | | | EALTH AND MENTAL HYGI | IENE 79-0 | 2744 | | |
|---|--|--|----------------------------------|---|-----------------------------------|--|--|---------------------------------------|--|
| | | CEASED NAME FIRST | MIDDLE | 1 | AST | 2a. DATE OF DEATH | MONTH DAY YEAR | 2h HOUR | |
| | 3411) | ANNIE | GAY | MOS | SS | January | 7, 1979 | 112 5 M | |
| Y | 3 SEX | | 4 RACE | | OF BIRTH | 6 AGE (IN YEARS LAST BIRT | HDAY) IF UNDER 1 YEA | | |
| | | female | white M | | h 27, 1895 | 83 | YRS. DAY | S HOURS MIN. | |
| A | 7a Bil | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT CO | OUNTRY? 8 | | 9 BALTIMORE CITY O | R COUNTY OF DEATH | | |
| 1 | | SSISSIDDI | USA | MARRIE | D NEVER MARRIED . | Worcest | er | MD. | |
| | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL | , NURSING HOME C | | 12a USUAL OCCUPATI | ON 125 KIND | OF BUSINESS OR | |
| 0 | Q. | now Hill | Harri | TT | 20 | (TYPE OF WORK FOR MOST O housewi | f WORKING LIFE) INDUSTR | Y | |
| | USUA | AL RESIDENCE (IF NURSING HOME OF | R OTHER INSTITUTION, GIVE RESIDE | ENCE BEFORE ADMISSION) | | | | | |
| F | 2.00 | TATE 135 COUI | cester Sno | OR TOWN | 138. INSIDE CITY LIMITS? | 13. STREET ADDRESS | ket Stree | t | |
| 1 | | ryland Wor | cep ter pilo | AA TYTYT | 15. MOTHER'S MAIDEN NAM | | 2200 | | |
| 3 | | FIRST | Bryant W | ilks | Martha | Carolyn | Po | ľk | |
| 4 | lán V | Benjamin vas deceased ever in u.s. ar | 22,1000 | TAL SECURITY NO. | 17 INFORMANT | | ss Box 420 | | |
| | (1) | | E WAR OR DATES) | -01-7127 | D W. J. Mos | | | Eng. | |
| | | 18 CAUSE OF DEATH (Enter of | | | 3 | Pocomo | ke City. | DXIMATE INTERVAL N ONSET AND DEATH | |
| | Conditions, if only, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART | | | | | | | l(a) | |
| 7 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FO | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | | 200 AUTOPSY? | 206. IF YES, WERE FINE IN CERTIFYING CAUSE YES | ES OF DEATH? | |
| 1 | ERT | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 21c. HOW INJURY OCCURR | YES NO | NO 🗆 | | |
| 9 | CAL C | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MO | NTH DAY YEAR | The Warden occord | LD (ENTER NATIONE OF 1990) | THE HEAT TO, FART TO ON TANKE | | |
| | MEDIC | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJUR | | 21f. LOCATION STREET | CITY OR TOV | VN COUNTY | STATE | |
| | | 220.1 certify that (I) (this haspital) attended the deceased from 5/12 19.79, to 7.9 that (I) (we) last saw the deceased alive as 7 to 19.79, and that in (my) (we) apinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did from view the bady attended the. | | | | | | | |
| | | 22b. SIGNATURE | max 8 gs | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAI | FF _ // | TE SIGNED | |
| _ | 1 | 22d PHYSICIAN'S NAME (TYPE | OR PRINT) | | 22e. ADDRESS | | | Md. | |
| 1 | | Dr. Thomas | L. Jones | | 2606 Phila | adelphia A | lve., Ocea | n City, | |
| | | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | | | EMETERY OR CREMATORY bia Cemetery | 23d LOCATION CITY OR TOWN Y Columbia | county a Merion | STATE Wiss. | |
| | 24 FU | UNERAL DIRECTOR | 1-7-17 | DDRESS | 25 AAT | E REC 5 BY REGISTRAN | 256. REGISTRAR'S SIGN | ATURE | |
| | 2 | U 42./// | - 12 OCOMO | TO OT UY, | 21206 0 | | | | |

DHMH - 16 50M 7/77 (VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 - 0 2 7 4 5 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEAT HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HDUR Dov Yeor (Type or Print) Thomas Wayne Nibblett DEATH MATED X Jan. 4PM Department 6. AGE (In years 3. SEX 4. RACE IF UNDER 24 HRS. S. DATE OF BIRTH 2c DATE PRONDLINGED DEAD 2d. HDUR last birthdoy) 32yRS male white Oct. 19.194 7a. BIRTHPLACE (State or foreign 7b. CITIZEN DF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 3 (Ountry)Maryland alang USA WIDDWED DIVORCED F Worcester 10. CITY OR TOWN DF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND DF BUSINESS DR during most of working life, even if retired.)
Auto Salesman give street oddress) INDUSTRY Office = Stockton in pencil 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER and 2 13b. (DUNTY orcester odmission) SIAIF vland Stockton YES NO Rural Examiner BALTIMORE, executed with pending in 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Lost TE Orville Nibblett Annie Avres pages Chief Medical 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SDCIAL SECURITY NO. ADDRESS 17. INFORMANT (Yes, no, or unknown) 217-44-1964 Kathy Nibblett Box File event Stockton. please execute the certificate, writing the word age 4 shauld be forwarded to APPROXIMATE INTERVAL 1B. CAUSE DF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). MYOCARDIAL DUE TD, DR AS A CONSEQUENCE OF burial-transit remaval, and Conditions, if ony, which gove CORONARY rise to immediate couse (a). DUE TO, DR AS A CONSEQUENCE DE stating the underlying couse DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) RECORDS, 3 EXAMINER: 0 0 CERTIFICATION crematian, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES F DIVISION OF VITAL TO DEPUTY MEDICAL 21o. EXTERNAL CAUSE WAS 21b. TIME DF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) burial PRIMARY OR CONTRIBUTING HOUR A.M. shauld CAUSE OF DEATH 21d INJURY DCCURRED 21e. PLACE DF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote yaur 3 sh iar ta foctory, office building, etc.) director. NOT WHILE AT WORK Page ne pri 22a. I certify that I taak charge of the remains described above, held an Autopsy ... far Inspection X Inquiry X and in my apinian Hygiene Natural causes death resulted fram: Suicide [Accident | Hamicide [Undetermined manner NERAL DIRECTOR: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE - STUP DEPUTY MEDICAL EXAMINER **EXAMINER'S** to to and 3 ta le 5 may FUNERAL ADDRESS(Street, city, town, or county) NAME (Type) 23a BURIAL, CREMATION, and se 5 23b. DATE 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City or Town) (County) (Stote) TO FUN Health REMOVAL (Specify) age Injon Franklin City Buria Cem. Greenbackville Wor. Md. 24 FUNERAL DIRECTOR. 250 REC'D BY REGISTRAR 19 256 REGISTRAR'S SIGNATURE DHMH-17 1/71 10M (VR A15ME (5)) Pocomoke City. Md DATE

STATE OF MARYLAND

| | | | | . STATE OF MARYLAND | |
|---|--|---------------|---|---|---|
| - | | | FOR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 70 027 4 | S |
| | | | STATE REGISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 0 |
| | | | CEASED NAME FIRST | MIDDLE LAST 70 DATE KNOWN MONTH | DAY YEAR 2b. HOUR |
| | | | OR PRINT) | OF ESTI- | 111 -10 110 |
| | NSE DR. ES. ET, | | DEYERLY | | 19 17 67 M |
| | PLEASE RECTOR. R FILES. HOURS STREET, | 3. SEX | 4. RACE 5. D | ONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS LAND PRONOLINGED | DAY YEAR 24 HOUR |
| | S S S S S S S S S S S S S S S S S S S | | F CAU | ONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD | 4 10 79 75 |
| | A S S S | An Bl | | CITIZEN OF WHAT COUNTRY? | OFDEATH |
| | 公司 8 五日 7 月 | | WIN COUNTRY) | MARRIED NEVER MARRIED | |
| | #343 | 1 | IARYLAND | VIS, A WIDOWED LI DIVORCED LI WOULDELL | MD |
| | AY IS THE THE | 10 CI | | NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12 (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | KIND OF BUSINESS OR INDUSTRY |
| | PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE | | YSERI IN | AT HOME | OK II DOSTKI |
| | AND 3 TO RETAIN P HOULD BE P | USUA | L RESIDENCE (IF IN NURSING HOME OR OTH | HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | |
| 5 | SCORDS | | TATE 136. COUNTY | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS | 0 |
| 2120 | A A B S B S | M | ARVLAND WI | OR BERLIN YES NOW RACETRACK | KOAD |
| 0.7 | 3,2,2,3 | 14. FZ | THER'S NAME | DOLE LAST LAST MOTHER'S MAIDEN NAME | LAST |
| . WD. | EST SEL | | A LANGE | FRANS BETTY PARK | < |
| SE SE | FORM FORM SS 1 AN | 160 V | AS DECEASED EVER IN U.S. ARMED | FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS | |
| M | S S S S | (YI | S. NO, OR UNKNOWN) I IF YES, GIVEN R.C | OR DATES) | · U |
| BALTIMORE | DURS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM T. PAGES 1 AND 7 DIVISION OF VIT. | | No | NU MAS PETTY TAKKS CO | CLINID |
| | DUR 18. C | | 18 CAUSE OF DEATH (Enter only on- | e couse per line for (a), (b), and (c)() | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ST. | | 99 | PART I DEATH WAS CAUSED BY: | | OCTORES ONSET AND OCKS |
| NO | A SA H ALONG T PERM TYGIENE | | MILL G IMMEDIATE CA | DUE TO, OR AS A CONSEQUENCE O | |
| STS | | | Conditions, if ony, which | The second the ile of Allegan | |
| 200 | JTED WITHIN N PENCIL IN EXAMINER IN ITAL TRANSIT MENTAL HANDON REMOVA | | gave rise to immediate | (b) Congruell Have product | |
| 3 | REAL REAL | | cause (o) stoting the <u>under-</u> | DUE TO, OR AS A CONSEQUENCE OF | |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. | CECUTED WITHIN S." IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT AND MENTAL HY | | lying cause lost. | (c) | |
| 5,3 | EXECUT NG" IN NCAL EX A BURIA A AND A TION, OI | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTE | RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | |
| 5 | "PENDING" "PENDING" "FE MEDICAL SED AS A BU SED AS A BU CREMATION, | z | | NOTICE TO CALL OF THE RECEIVED TO THE TERMINAL DISEASE OR CONDITION GIFTER IN FART 1 (a). | |
| 0 | "PENDIN "PENDIN EF MEDIN ED AS A HEALTH CREMATI | CERTIFICATION | | | |
| 2 | HEF AND USED USED OF HEA | 18 | 190. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
| ¥. | ATE SHOULD THE CHIEF A TO BE USED FOR THE CHIEF A TO BE USED FOR THE CHE BURIAL, CRE | 三 | | | YES NO |
| > | | 1 2 | 210 EXTERNAL CAUSE WAS | 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART | 2) |
| 0 | NO THE OF | | UNDERLYING OR | HOUR A.M. MONTH DAY YEAR | |
| ō | CERTIFICATE TING THE WITHOUT THE SED TO THE SED TO THE SED TO THE SED TO THE SED THE S | MEDICAL | CONTRIBUTING CAUSE OF DEAT | | |
| VIS | RRITING TO THE DEPART | AB AB | 21d. INJURY OCCURRED | 216 PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN | TY STATE |
| ā | ARD ARD GE GE | 2 | WHILE NOT WHILE AT WORK | | |
| | R: THIS (FE, WRIT) SRWARD SRWARD STATE STATE 21201 P | | | | |
| | EXAMINER: CERTIFICATE, JLD BE FOR DIRECTOR: WITH THE S ARYLAND, 21 | | 22a. I certify that I taak charge of | the remains described above, held on Autopsy 🔲, Inspection 🗵, Inquiry 🗵, and in my opin | ion |
| | MIN FIGURE | | death resulted from: Negtural co | Accident , Suicide , Homicide Undetermined manner . | |
| | EXAMINER CERTIFICATION BE FO DIRECTOR WITH THE ARYLAND, | | 11/1 | TITLE (SPECIFY) | /// |
| | IL EXA FE CER OULD NI DIRI H, WIII | | ACTUAL MONIA | 17 DATE DATE | 1/25/74 |
| | SHO SHO | 1 | SIGNATURE 7 1977140 | M.D. MEDICAL EXAMINER SIGNED. | 10-11 |
| | MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: ER DEATH, WITH THE SER DEATH S | - | EXAMINER'S NAME TURM | of loves M. A John Dung Ave Actoria | TI MA |
| | TO ME EXECUT PAGE AFTER BALTW | | (TYPE OR PRINT) / HCM A | D N. VOUES. I'L'U. ADDRESS HUR PHILA HUE, OCEAN CI | 17, 1114 |
| | PAG AFT BALL | 23a.B | URIAL, CREMATION, REMOVAL 236. D | PATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY | Y STATE |
| | BP | 1 | 502111 | 128/79 RIVERSIDE BERLIN WOR | MR |
| | The Late of the la | 24. F | JNERAL DIRECTOR | | SNANURE / |
| | DHMH - 17 (VR A15 ME (5)) | | DME A B. | ADDRESS A 1' THE FEB 1 19/19 heaven | 111 Crody |
| | 15M 7/76 | | Juna (1. (Ell | roage weren | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Objector, page 3

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR CERTIFICATE OF DEATH

79-02747

| | 1. | - STATE REGISTRAR | | CERTIFICATE OF D | EATH | REG. NO. | 714. | |
|-------------|---------------|---|---|-----------------------------------|------------------|-------------------------------|---|------------------|
| 20 | | CEASED NAME FIRST | WIDDLE | PUSBU | 20. D | ATE OF DEATH MONTH | DAY YEAR 2 | SIZOP |
| | 3. SE | | 4 RACE | S. DATE OF BIRTH | YEAR | E (IN YEARS LAST BIRTHDAY) | | F UNDER 24 HRS |
| TE PA | Jo Bi | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 MARRIED NEVER M | AARRIED 9 BA | LTIMORE CITY OR COUN | | |
| 8 | 19 C | ITY OR IOWN OF DEATH | 11. NAMÉ OF HÖSPÍTAL NURSI | WIDOWED DIV | ORCED 🗌 | JSUAL OCCUPATION | 126 KIND OF | MD. |
| 00 | 5 | now Hill | 2/3 W. Mart | in St. | | OF WORK FOR MOST OF WORKING | LIFE) INDUSTRY | 15C |
| d tend | 130 | AL RESIDENCE (IF NURSING HOME OF | | YES P | NO 2 | TREET ADDRESS MA | rtin 5 | <i>t.</i> |
| xamin 2 | 14 FA | MILLARD | MIDDLE PUSC | 15 MOTHER'S | MAIDEN NAME | MIDOUS | Brull | nblev |
| e medico | | NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? 166 SOCIAL SEC EWAR OF DIES) 32/38 | 4189 Dew | euD./2 | ADDRESS USey Sn | ew Hill | rul |
| event, the | | DADT L DEATH WAR CALLED | nly ane cause per line for (a), (b), o D BY: TE CAUSE (a) ACVTLE | | AL IN | PARCTION | APPROXIMA BETWEEN ON! | TE INTERVAL |
| oumofic. | | Gonditions, if any, which | DUE TO, ON AS ACONSEQUENCE OF THE PORT OF | | CARRON | ASCUMA DE | STAPB 10 | yns |
| r other tre | | gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEOU | JENCE OF | | | | |
| injury, o | NOI | PART 2 OTHER SIGNIFICANT | conditions contributing to | A 40 1 0 | | PRIVS WS | DISTING | 25 |
| no sou | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICE | H OPERATION WAS PERFOI | | | YES, WERE FINDING TIFYING CAUSES OF YES [| |
| lem 18 st | CAL CE | 2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- | | | JURY OCCURRED (E | NTER NATURE OF INJURY IN ITEM | B, PART I OR PART 2) | |
| rked or I | MEDIC | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC.) 211 LOCATIO STREET | N | CITY OR TOWN | COUNTY | STATE |
| 21 is mo | | saw the deceased alive an | | | , 19 107 , to | accurred on the date and I | | ot (I) (we) lost |
| . If Hem | 7 | 22b. SIGNATURE | the view the body ofter death. | | TTENDING MEI | DICAL STAFF | 22c. DATE SIG | GNED 19 |
| PORTANT | | 27d. PHYSICIAN'S NAME (TYPE O | | 22e ADDRESS | S | CTOR PHYSICIAN | y 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 62 |
| MPO | 23a. B | Robert C. Lam | | NAME OF CEMETERY OF | | ow Hill, Mar | y 1 and 2 180 | 03 |
| Y | 7 | WY12/ | 1-7-79 | Bates Me | th. | NOW HI | 16 HINDS | Melh |

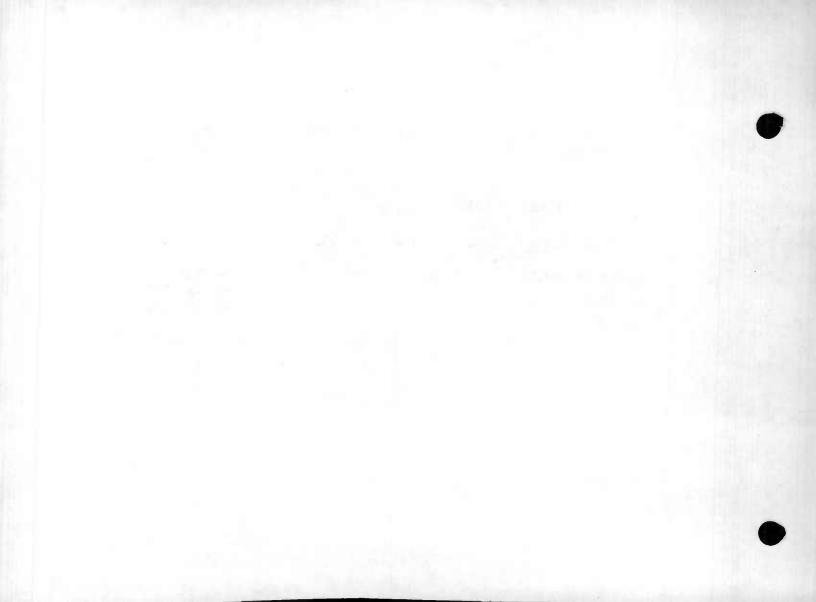
DHMH - 16 50M 1/76 (VR A 15 (4)) NAME: Allan Harold Rickey

DATE OF DEATH: Est. Death: January 23,1979

Pron. Dead: January 25, 1979

PLACE OF DEATH: Worcester County SEE: 79-02721

January 1979 Wicomico Co.



79-02748 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Month Yeor (Type or Print) ESTI-OF DEATH MATED M to deloy ond 3 3. SEX S. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD HOUR Department PM3 MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with form WIDOWED V Item 18. Give Pages theState 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR hours ofter death. 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY RET. TUGBOAT CAPTAIN BALTIMORE, MA 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Cond 2 with 1 deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY odmission) STATE 14. FATHER'S NAME Middle Lost 19. MOTHER'S MAIDEN NAME Middle Lost Exominer's sagpd ! hours 17. INFORMANT (Daugkter **ADDRESS** DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, (Yes, no, or unknown) permit. File in within 72 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) event within BETWEEN ONSET AND DEATH e, writing the word "pending" i PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Instant burial-tronsit Conditions, if only, which gove rise to immediate couse (a). forehead This certificate should any stoting the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) ond OS bryemovol. 19o. DATE OF OPERATION 3 should be used 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X YES 🗍 execute the certificote, shauld be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, P.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) DIRECTOR: Page WHILE AT WORK AT WORK for your 22a. I certify that I taak charge of the remains described above, held an Autopsy Inquiry X to buriol, and in my apinian the funeral director. Suicide X death resulted fram: Natural causes Hamicide Undetermined manner Accident may be retoined FUNERAL DIRECT please CHIEF MEDICAL EXAMINER prior 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) PUILLECEM VR A15ME (5) DATE

MARYLAND STATE DEPARTMENT OF HEALTH

| 1 | 2 | 1. | FOR STATE REGISTRAR | DEP | ARTMENT OF H | EALTH AND MENTAL HYG ICATE OF DEATH | THE 79-0 | 2749 | |
|--------------------------------|--|---------------|---|--|----------------|--|---|--|--------------------------------|
| | moy be poge 3 ter deoth | | CEASED NAME FIRST ORPRINT) GEORG | E EDWII | V 57 | ONE | 20. DATE OF DEATH MON | 9/79 1 | HOUR 130 PM UNDER 24 HRS |
| | Poge 4 m director, phours after | | MALE | CAU | MONT | 27/16 | 62 | MONTHS DAYS HO | OURS MIN |
| 1 | n. P uneral d hin 72 ha | 1 | ENNSY/Vania | 76 CITIZEN OF WHAT COUN | MARRIE | | | STER | MD. |
| 201 | by the f filed with | 6 | erlin | 11. NAME OF HOSPITAL, NI (IF NOT IN SYCH FACILITY, GIVE | - OCEAr | PINES | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO U. S. Superint. | RKING LIFE 126 KIND OF BU INDUSTRY OF DC. Morg | |
| AND 21201 | ly filled in should be | 130 3 | AL RESIDENCE (IF NURSING HOME O | ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c SITY OR | TOWN | 134 INSIDE CITY LIMITS? | 13 OCEAN T | PINES | |
| MARYLAND | ompletely ond 2 sl | | THER'S NAME PEREST Y | N. STON | IE | EDITH | WIDDLE | PERR | Y |
| BALTIMORE, | n and co | 16a V | VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GIV | | SECURITY NO. | MRS. G. E | = Stone | GERLIN | 110 |
| ST., BALI | physicia physicia on papers smavol. | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE) | nly one cause per line for lat, (I ED BY: TE CAUSE (a) | OIAC A | HRREST. | | APPROXIMATE BETWEEN ONSE | INTERVAL T AND DEATH |
| PRESTON S | death cei | | Canditians, if any, which | DUE TO, OR AS A CONS | | rosciertic Hia | AT DUSSUE | | |
| 3 | hot the o by the o ose remo I, cremot other tro | | gave rise to immediate cause 101, stating the underlying cause last | DUE TO, OR AS A CONS | EQUENCE OF | refractions Ex | | WRE | |
| DIVISION OF VITAL RECORDS, 201 | equires financial signed Then pleased to burial injury, or | NO | PART 2 OTHER SIGNIFICANT | | | | | | |
| 1 RECO | on. hos been permit. ene prior | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATION | N WAS PERFORMED | 200 AUTOPSY? 201 | LIFYES, WERE FINDINGS CERTIFYING CAUSES OF | USED DEATH? |
| OF VITA | SICIAN: Ti og physicic certificate riol-transit ental Hygie flem 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ATH HOUR AM: MONTH | DAY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN I | | |
| VISION | G PHYSIC ottending er this cer if the burio ond Ment | MEDICAL | 21d INJURY OCCURRED WHILE NOTWHILE ATWORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY O | | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| ā | TENDINA into or or TOR. Afti or use as | | 220.1 certify that (1) this hasp | ital) attended the deceased f | | d that in (my) (aur) apinion of | death accurred on the date of | | (I) (we) lost |
| | the hospital to like the hospital to like C. stoched for the be bept to be | | 22b. SIGNATURE | I Scot Min |), | DEGREE ATTENDING | MEDICAL STAFF | 22c. DATE SIG | NED |
| H. | TO HOSPITA TO FUNERAL should be deter with the Stote | , | 22d. PHYSICIAN'S NAME (TYPE O | SCOTT, M.S |) | 22e. ADDRESS | T. BERLIN, | | |
| | | 23a. E | URIAL, CREMATION, REMOVAL | | 23c NAME OF C | EMETERY OR CREMATORY A MEMORIA | 23d, LOCATION | JRCH. FAIRFA | STATE |
| | BP | | INERAL DIRECTOR NAME A. MARE A. DULG | 108 108 PRE | | | REC'D. BY REGISTRAR 25b. | | sooly. |

